

SECTION 7

MEDICARE BILLING TIPS

CLAIMS NOT CROSSING OVER ELECTRONICALLY

If none of a provider's Medicare claims are crossing over to Medicaid electronically, contact Medicaid to see if the provider has a Medicare number on file and that it is the correct one. Although Medicare advises that a claim was forwarded to Medicaid for processing, this does not guarantee that Medicaid received the claim information or was able to process it. If there is a problem with the claim or the recipient or provider files, the claim will not process. **A provider should wait 60 days from the date a claim was paid by Medicare before filing a crossover claim with Medicaid.** If a claim is submitted sooner, it is possible that the provider will receive a duplicate payment. If this occurs, the provider must submit an Individual Adjustment Request form to have Medicaid take back one of the payments.

TIMELY FILING

Claims initially filed with Medicare within Medicare timely filing requirements and that require separate filing of a crossover claim with Medicaid must meet the timely filing requirements by being submitted by the provider and received by the Medicaid agency within 12 months from the date of service or six months from the date on the provider's Medicare Explanation of Medicare Benefits (EOMB), whichever date is *later*. The counting of the six-month period begins with the date of adjudication of the Medicare payment and ends with the date of receipt.

BILLING FOR ELIGIBLE DAYS

A provider may attempt to bill only for eligible days on the Medicaid Part B claim form. In order for crossover claims to process correctly, a provider must bill all dates of service shown on the Medicare EOMB. The Medicaid claims system will catch those days' claims containing ineligible days and the claim will be prorated for the eligible days only.

ADJUSTMENTS

If Medicare adjusts a claim and Medicaid has paid the original crossover claim, then the original claim payment from Medicaid should be adjusted using an Individual Adjustment Request form with both Medicare EOMBs attached to the form.



State of Missouri Medicaid



Medicare CMS 1500 Part B Crossover

If you are not , please logout

Logout

User:

Provider: 500000000 SAMPLE NUMBER

Fields marked * must be filled in.

Claim Frequency Type Code*		Provider Medicare Number*	
1-Original		F00000XA	
Patient Name (Last Name, First Name)*		Patient Medicaid ID*	
Shriek will		99999999	
Patient Medicare ID (HIC)*		Patient Account No.	
490000000A		100ws	
Hospitalization Dates (mm/dd/yy)*		Diagnosis Codes* (Do not include the decimal)	
From Date 06 / 05 / 05		1. 46619 2. 3. 4. 5.	
Thru Date 06 / 05 / 05			
Resubmission Ref. No.		Header Other Payers:* ADD/EDIT	

Line No.	From Date of Service (mm/dd/yy)*	Diagnosis Code*	Paid Amount \$*	Detail Other Payers
	Thru Date of Service (mm/dd/yy)*	Days/Units Billed*		
	Place of Service*	Billed Charges \$*	Medicaid Performing Provider ID*	
	Procedure Code* and Modifiers			
1.	<div style="display: flex; justify-content: space-between;"> <div> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> <input type="text"/> 0 0.00 </div> <div> <input type="text"/> 0.00 </div> </div>	<div style="display: flex; justify-content: space-between;"> <div>0.00</div> <div><input type="text"/></div> </div>	ADD/EDIT

ADD DETAIL LINES

View Other Payers

Continue...

Reset

- **At the Medicaid billing Web site, click on 'Medicare CMS 1500 Part B Crossover. That will bring you to the screen above.**
- **Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions;**
- **Scroll back to the top of the form and complete all the Medicaid header information. Refer to the Medicare EOMB on the previous page as well as the patient's medical record. Complete the fields as shown above, then complete the Header Other Payer by clicking on 'ADD/EDIT'.**

Please turn the page.



State of Missouri Medicaid



Other Payer Header Information

Enter Other Payer(s) Header Information for Medicare CMS 1500 Part B Crossover claim.

Fields marked * must be filled in.

Other Payer #1					
Filing Indicator* <input type="text" value="MB-Medicare"/>		Other Payer Name* <input type="text" value="Medicare Part B"/>			
Paid Amount \$ <input type="text" value="25.88"/>		Paid Date (mm/dd/yy)* <input type="text" value="06 / 29 / 05"/>		Medicare Claim No. <input type="text" value="05167000000000"/>	
Header Allowed Amount \$ * <input type="text" value="32.35"/>		Total Denied Amount \$ <input type="text" value="0.00"/>			
Group Codes, Reason Codes & Adjustment Amounts					
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Add Reason Codes"/>					
Remark Codes <input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Remove Payer #1"/>					

[\[Help\]](#)

- Now you are on the Other Payer Header screen. Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions.
- Scroll back to the top of the form and complete the information at the top as shown. For Part B and Part B of A crossover claims, you do not complete the Group Codes, Reason Codes and Adjustment Amounts information. You will be entering this information elsewhere.
- Click on 'Done'.

Please turn the page.



State of Missouri Medicaid



Medicare CMS 1500 Part B Crossover

If you are not , please logout

[Logout](#)

User:

Provider: 500000000 SAMPLE NUMBER

Fields marked * must be filled in.

Claim Frequency Type Code*		Provider Medicare Number*	
1-Original		F00000XA	
Patient Name (Last Name, First Name)*		Patient Medicaid ID*	
Shriek will		99999999	
Patient Medicare ID (HIC)*		Patient Account No.	
490000000A		100ws	
Hospitalization Dates (mm/dd/yy)*		Diagnosis Codes* (Do not include the decimal)	
From Date 06 / 05 / 05		1. 46619 2. 3. 4. 5.	
Thru Date 06 / 05 / 05			
Resubmission Ref. No.		Header Other Payers: * ADD/EDIT	

Line No.	From Date of Service (mm/dd/yy)*	Diagnosis Code*	Paid Amount \$*	Detail Other Payers
	Thru Date of Service (mm/dd/yy)*	Days/Units Billed*		
	Place of Service*	Billed Charges \$*	Medicaid Performing Provider ID*	
	Procedure Code* and Modifiers			
1.	06 / 05 / 05	1	25.88	ADD/EDIT
	06 / 05 / 05	1	200000000	
	21-Inpatient	51.00		
	99231			

[ADD DETAIL LINES](#)

[View Other Payers](#)

[Continue...](#)

[Reset](#)

- Now you are back on the original screen ready to add your detail information to the claim.
- Again, using the Medicare EOMB example from the previous page, enter the detail information as shown above.
- When done entering the information, click on 'ADD/EDIT' to add the Medicare detail information.

Please turn the page.



State of Missouri Medicaid



Other Payer Detail Information

Enter Other Payer(s) Detail Information for Medicare CMS 1500 Part B Crossover claim.

Fields marked * must be filled in.

Claim Detail Line #1

Other Payer #1

Paid Date (mm/dd/yy)*					
06 / 29 / 05					
Group Codes, Reason Codes & Adjustment Amounts					
Group Code	Reason Code	Adjust Amount \$	Group Code	Reason Code	Adjust Amount \$
CO-Contractual Obligation	042	18.65	PR-Patient Responsibility	002	6.47
					Add Reason Codes
					Remove Payer #1

Add Payer

Done

Cancel

[\[Help\]](#)

- Now you are on the Other Payer Detail screen. Scroll to the bottom of the form and click on the 'Help' button, print off and save the instructions.
- Scroll back to the top, complete the Medicare paid date information as well as the Group and Reason Codes and Adjustment Amounts. See above sample. If the reason codes are not listed on your Medicare EOMB, choose the most appropriate code from the list of "Claim Adjustment Reason Codes" from the HIPAA Related Code List. For example, the code on the Claim Adjustment Reason Code list for deductible amount is 1 and for coinsurance amount is 2. Therefore, you would enter a Reason Code of '001' for deductible amounts and '002' for coinsurance amounts due.
- The 'Adjust Amount' should reflect any amount not paid by Medicare including deductible, coinsurance and any non-allowed amounts.
- Click on 'Done'.

Please turn the page.



State of Missouri Medicaid



Medicare CMS 1500 Part B Crossover

If you are not , please logout

[Logout](#)

User:

Provider: 500000000 SAMPLE NUMBER

Fields marked * must be filled in.

Claim Frequency Type Code*		Provider Medicare Number*	
1-Original		F00000XA	
Patient Name (Last Name, First Name)*		Patient Medicaid ID*	
Shriek will		99999999	
Patient Medicare ID (HIC)*		Patient Account No.	
490000000A		100ws	
Hospitalization Dates (mm/dd/yy)*		Diagnosis Codes* (Do not include the decimal)	
From Date 06 / 05 / 05		1. 46619 2. 3. 4. 5.	
Thru Date 06 / 05 / 05			
Resubmission Ref. No.		Header Other Payers: * ADD/EDIT	

Line No.	From Date of Service (mm/dd/yy)*	Diagnosis Code*	Paid Amount \$*	Detail Other Payers
	Thru Date of Service (mm/dd/yy)*	Days/Units Billed*		
	Place of Service*	Billed Charges \$*	Medicaid Performing Provider ID*	
	Procedure Code* and Modifiers			
1.	06 / 05 / 05	1	25.88	ADD/EDIT
	06 / 05 / 05	1	200000000	
	21-Inpatient	51.00		
	99231			

[ADD DETAIL LINES](#)

[View Other Payers](#)

[Continue...](#)

[Reset](#)

- This brings you back to the original screen. At this point, we are done entering the information. Click on 'Continue'.

Please turn the page.



State of Missouri Medicaid



Medicare CMS 1500 Part B Crossover

If you are not , please logout

[Logout](#)

User:

Provider:

500000000

Please verify the values entered and click the Edit or Submit button.

Claim Frequency Type Code 1		Provider Medicare Number F00000XA	
Patient Name (Last Name, First Name) Shriek, will		Patient Medicaid Id 999999999	
Patient Medicare ID (HIC) 490000000A		Patient Account No. 100ws	
Hospitalization Dates (mm/dd/yy) From Date 06/05/05 Thru Date 06/05/05		Diagnosis Codes 46619	
Resubmission Ref No.		Header Other Payers: <i>Click 'View Other Payers'</i>	

Line No.	From Date of Service (mm/dd/yy)	Diagnosis Code	Paid Amount \$	Detail Other Payers
	Thru Date of Service (mm/dd/yy)	Days/Units Billed		
	Place of Service	Billed Charges \$	Medicaid Performing Provider ID	
	Procedure Code and Modifiers			
1.	06/05/05	1	25.88	<i>Click 'View Other Payers'</i>
	06/05/05	1		
	21	51.00	200000000	
	99231			

[View Other Payers](#)

[Edit](#)

[Submit](#)

[\[Home\]](#) [\[Help\]](#)

- This brings you to a screen asking you to verify the information entered. Scroll to the bottom of the screen and click 'Help', print off and save the instructions.
- You can either edit the information or submit. Click on 'Submit'.

Please turn the page.



State of Missouri Medicaid



Medicare CMS 1500 Part B Crossover

If you are not XXXXXXXXXX, please logout

[Logout](#)

User: XXXXXXXXXX

Provider: 50000000

Thank you. Your claim has been received.

Claim Frequency Type Code 1	Provider Medicare Number F00000XA
Patient Name (Last Name, First Name) Shriek, will	Patient Medicaid Id 99999999
Patient Medicare ID (HIC) 490000000A	Patient Account No. 100ws
Hospitalization Dates (mm/dd/yy) From Date 06/05/05 Thru Date 06/05/05	Diagnosis Codes 46619
Resubmission Ref No.	Header Other Payers: <i>Click 'View Other Payers'</i>

Line No.	From Date of Service (mm/dd/yy)	Diagnosis Code	Paid Amount \$	Detail Other Payers
	Thru Date of Service (mm/dd/yy)	Days/Units Billed		
	Place of Service	Billed Charges \$	Medicaid Performing Provider ID	
	Procedure Code and Modifiers			
1.	06/05/05	1	25.88	<i>Click 'View Other Payers'</i>
	06/05/05	1		
	21	51.00	200000000	
	99231			

[View Other Payers](#)

[Next](#)

[Print](#)

[\[Home\]](#) [\[Help\]](#)

- After submitting your claim, you will be brought to a screen which states, "Thank you. Your claim has been received". Click on the 'Print' button at the bottom of the screen to print off and save for your records.
- To enter another claim, click on 'Next'.